



CERTIFICATE OF ASSUMED BUSINESS NAME FILED/EFFECTIVE

Pursuant to Section 53-604, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

01 APR 27 AM 10:15

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Cutt Throat

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name	Complete Address
<u>Steve Trowbridge</u>	<u>2727 East 3700 North</u>
<u>Joy Trowbridge</u>	<u>the same</u>

Twin Falls
Idaho
83301

3. The general type of business transacted under the assumed business name is:

- Retail Trade
- Wholesale Trade
- Services
- Manufacturing
- Finance, Insurance, and Real Estate
- Transportation and Public Utilities
- Construction
- Agriculture
- Mining

Submit Certificate of Assumed Business Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future correspondence should be addressed:

Steve Trowbridge
2727 East 3700 North
Twin Falls Idaho
83301

5. Name and address for this acknowledgment copy is (# other than # 4 above):

Phone number (optional):

734-5609

Secretary of State use only

Signature: Steve Trowbridge

Printed Name: Steve Trowbridge

Capacity: owner

(see instruction # 8 on back of form)

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Revised 01/2001

IDAHO SECRETARY OF STATE

04/27/2001 09:00
LK: 1054 CI: 145641 BH: 393871

1 @ 20.00 = 20.00 ASSUM NAME # 2

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